## FORM D

## UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6) AND/OR UNIFORM LIMITED OFFERING EXEMPTION

| OMB NUMBER:       | 3235-0076      |
|-------------------|----------------|
| Expires:          | April 30, 2008 |
| Estimated average | burden         |

|        | SEC USE ONL   | Y |        |
|--------|---------------|---|--------|
| Prefix |               |   | Serial |
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|        |               | 1 |        |
|        | Date Received |   |        |
|        | 1             | t |        |

| Offering and Sale of Series A Participating Preferred Units  | hange.)  |
|--|--|
| Filing Under (Check box(cs) that apply): ☐ Rule 504 ☐ Rule 505 ☐ Rule 506  Type of Filing: ☐ New Filing ☐ Amendment  | ☐ Section 4(6) ☐ ULOE                            |
| A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer  |  |
| Name of Issuer ( Check if this is an amendment and name has changed, and indicate changed BevMo Holdings, LLC  | gc.)   |
| Address of Executive Offices (Number and Street, City, State, Zip Cod c/o Beverages & More, Inc.   | e) Telephone Numb 07047289                       |
| 1470 Enea Circle, Suite 1600<br>Concord, CA 94520  | 925-609-6010                                     |
| Address of Principal Business Operations (Number and Street, City, State, Zip Cod (if different from Executive Offices)  | c) Telephone Number (Including Area Code)        |
| Brief Description of Business  BevMo Holdings, LLC is a holding company engaged in the retail and other beverages and related products in the States of California ar  | d wholesale distribution of alcoholic            |
| Type of Business Organization  |  |
| ☐ corporation ☐ limited partnership, already formed ☐ other (please splittle partnership), to be formed  | pecify): limited liability corporation PROCESSED |
| Actual or Estimated Date of Incorporation or Organization:  Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation CN for Canada; FN for other foreign jurisdiction | O 7 Actual Estimated MAR 2 6 2007                |
| GENERAL INSTRUCTIONS   | FINANCIAL  |

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

|   |                       | A. BASIC IDENTIFICA           | ATION DATA  |                     |                                       |
|---|-----------------------|-------------------------------|---|---------------------|---------------------------------------|
| 2. Enter the information requeste   | d for the following   | 2:                            | <del></del>   |                     |                                       |
| Each promoter of the is.     Each beneficial owner beneficial owner beneficial owner. | suer, if the issuer l | nas been organized within     | the past five years;  | _                   |                                       |
| securities of the issuer:   | naving the power t    | o vote or dispose, or direct  | the vote or disposition of  | f, 10% or more o    | f a class of equity                   |
|   | and director of cor   | porate issuers and of corpo   | rate general and managin  | o Bartners of has   | tnachia icensus, and                  |
| <ul> <li>Each general and management</li> </ul>                                       | ging partner of par   | mership issuers.              | rote Beneral and managin  | ig partifers or par | mership issuers; and                  |
| Charle Day ( a ) de la A  |                       |                               |   |                     |                                       |
| Check Box(es) that Apply:   | ☐ Promoter            | ⊠ Beneficial Owner            | ☐ Executive Officer   | ☐ Director          | ☐ General and/or<br>Managing Partner  |
| Full Name (Last name first, if ind TowerBrook Investors II                            | ividual)<br>[         |                               |   |                     |                                       |
| Business or Residence Address   |                       | er and Street, City, State, 2 | (in Code)   |                     |                                       |
|   |                       | or and outer, Chy, Blate, 2   | inp code)   |                     |                                       |
| TowerBrook Capital Par<br>430 Park Avenue   | tners, L.P.           |                               |   |                     |                                       |
| New York, NY 10022  |                       |                               |   |                     |                                       |
| Check Box(es) that Apply:   | ☐ Promoter            | ☐ Beneficial Owner            |   | E Dissus            | <b>5</b> C                            |
|   |                       | B belieficial Owner           | M Caccative Officer   | ☑ Director          | ☐ General and/or<br>Managing Partner  |
| Full Name (Last name first, if indi   | ividual)              | ·                             |   |                     | Managing Lardier                      |
| Rolfe, Andrew   |                       |                               |   |                     |                                       |
| Business or Residence Address   | (Numb                 | er and Street, City, State, 2 | (ip Code)   |                     |                                       |
| TowerBrook Capital Par  | tners, L.P.           |                               |   |                     |                                       |
| 430 Park Avenue   | ,                     |                               |   | •                   |                                       |
| New York, NY 10022  |                       |                               |   |                     |                                       |
| Check Box(es) that Apply:   | ☐ Promoter            | ☐ Beneficial Owner            |   | ☑ Director          | General and/or Managing Partner       |
| Full Name (Last name first, if indi   | ividual)              |                               |   | <del>, -,</del>     | realizating runter                    |
| Simpson, James  |                       |                               |   |                     |                                       |
| Business or Residence Address   | (Numbi                | r and Street, City, State, Z  | ip Code)  |                     | -                                     |
| Beverages & More, Inc.  |                       |                               |   |                     |                                       |
| 1470 Enca Circle, Suite 1   | 1600                  |                               |   |                     |                                       |
| Concord, CA 94520 Check Box(es) that Apply:   | ☐ Promoter            | E 0 6 0                       |   |                     |                                       |
| once box(es) that Apply.  | C) Fromoter           | ☐ Beneficial Owner            | ☐ Executive Officer   | ☑ Director          | ☐ General and/or                      |
| ull Name (Last name first, if indi  | vidual)               |                               |   |                     | Managing Partner                      |
| ludson, Bannus  |                       |                               |   |                     |                                       |
| dusiness or Residence Address   | (Numbe                | r and Street, City, State, Z  | ip Code)  |                     |                                       |
| Beverages & More, Inc.  |                       |                               |   |                     |                                       |
| 1470 Enca Circle, Suite 1   | 1600                  |                               |   |                     |                                       |
| Concord, CA 94520   |                       |                               |   |                     |                                       |
| Theck Box(es) that Apply:   | ☐ Promoter            | □ Beneficial Owner            | Executive Officer     ■ Executive Officer | ☑ Director          | ☐ General and/or                      |
| ull Name (Last name first, if indi-   | virhad                |                               |   |                     | Managing Partner                      |
| Velson, Travis  | vicuai)               |                               |   |                     |                                       |
| Business or Residence Address   | (Numbe                | r and Street, City, State, Z  | p Code)   |                     | · · · · · · · · · · · · · · · · · · · |
| TowerBrook Capital Part   |                       | •                             | •   |                     |                                       |
| 30 Park Avenue  | ners, L.P.            |                               |   |                     |                                       |
| New York, NY 10022  |                       |                               |   |                     |                                       |
| Theck Box(es) that Apply:   | ☐ Promoter            | Beneficial Owner              | ☐ Executive Officer   | ☑ Director          | ☐ General and/or                      |
|   |                       |                               |   | _ Director          | Managing Partner                      |
| ull Name (Last name first, if indiv<br>Moszkowki, Neal                                | vidual)               |                               |   |                     | <u> </u>                              |
| business or Residence Address   | 4 <b>3</b> 14         | 10:                           |   |                     |                                       |
|   |                       | r and Street, City, State, Zi | p Code)   | -                   | · <del></del>                         |
| TowerBrook Capital Part   | ners, L.P.            |                               |   |                     |                                       |
| 30 Park Avenue  |                       |                               |   |                     |                                       |

# A. BASIC IDENTIFICATION DATA 2. Enter the information requested for the following: • Each promoter of the issuer, if the issuer has been organized within the past five years; • Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;

Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
 Each general and managing partner of partnership issuers.

| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner           | ☐ Executive Officer |            | ☐ General and/or<br>Managing Partner |
|--|-------------|------------------------------|---------------------|------------|--------------------------------------|
| Full Name (Last name first, if ind Jacobsen, Brian                     | ividual)    |                              |                     |            | <u> </u>                             |
| Business or Residence Address  | (Numbe      | r and Street, City, State, Z | ip Code)            |            |                                      |
| TowerBrook Capital Par<br>430 Park Avenue<br>New York, NY 10022        | tners, L.P. |                              | •                   |            |                                      |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner           | ☐ Executive Officer | ☑ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind Bateman, Giles                      | ividual)    |                              |                     |            |                                      |
| Business or Residence Address  | (Numbe      | r and Street, City, State, Z | ip Code)            |            |                                      |
| Beverages & More, Inc.<br>1470 Enca Circle, Suite<br>Concord, CA 94520 | 1600        |                              |                     |            |                                      |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner           | ■ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind Rowan, Denise                       | ividual)    |                              |                     |            |                                      |
| Business or Residence Address  | (Numbe      | r and Street, City, State, Z | ip Code)            |            |                                      |
| Beverages & More, Inc. 1470 Enca Circle, Suite Concord, CA 94520       | 1600        |                              |                     |            |                                      |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner           | ■ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind Richards, David                     | ividual)    |                              |                     |            |                                      |
| Business or Residence Address  | (Numbe      | r and Street, City, State, Z | ip Code)            |            |                                      |
| Beverages & More, Inc. 1470 Enca Circle, Suite Concord, CA 94520       | 1600        |                              |                     |            |                                      |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner           |                     | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind McLaren, Steve                      | ividual)    |                              | <del>.</del> .      |            |                                      |
| Business or Residence Address  | (Numbe      | r and Street, City, State, Z | ip Code)            |            |                                      |
| Beverages & More, Inc.<br>1470 Enca Circle, Suite<br>Concord, CA 94520 | 1600        |                              |                     |            |                                      |
| Check Box(es) that Apply:  | ☐ Promoter  | ☐ Beneficial Owner           | ■ Executive Officer | ☐ Director | ☐ General and/or<br>Managing Partner |
| Full Name (Last name first, if ind Chai, Peter                         | ividual)    | ·                            |                     |            | oo <del></del>                       |
| Business or Residence Address  | (Numbe      | r and Street, City, State, Z | ip Code)            |            | <u>-</u>                             |
| Beverages & More, Inc.<br>1470 Enca Circle, Suite<br>Concord, CA 94520 | 1600        |                              |                     |            |                                      |

|  |  |   |   | B. IN                    | FORMATI                    | ON ABOU                       | T OFFER                                 | ING                            |   | <del></del>                             |                      |             |
|--|--|---|---|--------------------------|----------------------------|-------------------------------|---|--------------------------------|---|---|----------------------|-------------|
| 1. Has the is  | ssuer sold, e                                  | or does the                                   | issuer inten                              | d to sell, to            | non accrec                 | lited invest                  | ors in this o                           | ffering?                       |   |   | Yes                  | No<br>⊠     |
|  |  |   |   |                          | 1 Appendix                 |                               |   |                                |   | *************************************** | 2                    | ~           |
| 2. What is t   | he minimus                                     | n investme                                    |   |                          | • •                        |                               |   |                                |   |   | Ø 31/4               |             |
|  |  |   |   |                          |                            | THE THE PERSON NAMED IN       | *************************************** | ***4*1**1***41***              | ***************                         | ***********                             | \$ <u>N/A</u><br>Yes | NI.         |
| 3. Does the  | offering pe                                    | rmit joint o                                  | wnership o                                | f a single u             | nit?                       |                               |   |                                | **********                              |   |                      | No          |
| 4. Enter the remuneration agent of a br persons to be Full Name (I | n for solicit<br>oker or dea<br>e listed are a | ation of pur<br>ler registere<br>associated p | chasers in o<br>d with the<br>ersons of s | connection<br>SEC and/or | with sales of with a state | of securities<br>e or states. | in the offe                             | ring. If a po<br>ne of the bro | erson to be                             | listed is an                            | associate            | d nemon o   |
| N/A  |  |   |   |                          |                            |                               |   |                                |   |   |                      |             |
| Business or I  | Residence A                                    | Address (Nu                                   | mber and                                  | Street, City.            | State, Zip                 | Code)                         |   |                                |   |   |                      |             |
| N/A  |  |   |   | ·                        | ,                          | ·                             |   |                                |   |   |                      |             |
| Name of Ass  | ociated Bro                                    | ker or Deal                                   | ет  |                          |                            |                               |   |                                |   |   |                      | <del></del> |
| N/A  |  |   |   |                          |                            |                               |   |                                |   |   |                      |             |
| States in Wh   | ich Person                                     | Listed Has                                    | Solicited or                              | Intends to               | Solicit Pure               | chasers                       |   |                                |   | ·                                       |                      |             |
|  | 'All States"                                   |   |   |                          |                            |                               |   |                                | • | *******                                 |                      | All States  |
| [AL]<br>[IL]   | [AK]<br>[IN]                                   | [AZ]  | (AR)                                      | [CA]                     | [CO]                       | [CT]                          | [DE]                                    | [DC]                           | (FL)                                    | [GA]                                    | [HI]                 | [ID]        |
| [MT]   | (NE)   | [IA]<br>[NV]                                  | [KS]                                      | [KY]                     | [LA]                       | [ME]                          | [MD]                                    | [MA]                           | [MI]                                    | [MN]                                    | [MS]                 | [MO]        |
| (RI)   | (SC)   | [SD]  | [NH]<br>[NT]                              | [NJ]<br>[TX]             | [NM]                       | [NY]                          | [NC]                                    | [ND]                           | [0H]                                    | [OK]                                    | [OR]                 | [PA]        |
| Full Name (L   | <u>:</u>                                       | <u></u>                                       |   | (1//)                    | [UT]                       | [VT]                          | [VA]                                    | [WA]                           | [WV]                                    | (WI)                                    | [WY]                 | [PR]        |
| N/A  |  |   | ,   |                          |                            |                               |   |                                |   |   |                      |             |
| Business or F  | Residence A                                    | ddress (Nu                                    | mber and S                                | treet. City.             | State, Zin (               | Code)                         |   |                                |   |   |                      |             |
| N/A  |  | (-  |   |                          |                            | c.out)                        |   |                                |   |   |                      |             |
| Name of Ass  | ociated Bro                                    | ker or Deal                                   | er  |                          |                            |                               |   |                                |   |   |                      |             |
| N/A  |  |   |   |                          |                            |                               |   |                                |   |   |                      |             |
| States in Whi  | ich Person I                                   | isted Has S                                   | solicited or                              | Intends to               | Solicit Purc               | hasers                        |   |                                | <del></del>                             |   | <del> </del>         | ***         |
| [AL]   | All States"<br>[AK]                            |   |   |                          |                            |                               |   |                                |   |   | . –                  | All States  |
| (IL)   | [IN]   | [AZ]<br>[IA]                                  | [AR]<br>[KS]                              | [CA]<br>[KY]             | [CO]                       | (CT)                          | [DE]                                    | [DC]                           | [FL]                                    | [GA]                                    | [111]                | [ID]        |
| [MT]   | [NE]   | [NV]  | [NH]                                      | נאן<br>(נא)              | [LA]<br>[NM]               | [ME]<br>[NY]                  | [MD]                                    | [MA]                           | [MI]                                    | [MN]                                    | [MS]                 | [MO]        |
| [RJ]   | [SC]   | [SD]  | [TN]                                      | [TX]                     | ניאנין<br>[עדן]            | [VT]                          | [NC]<br>[VA]                            | [ND]<br>[WA]                   | (OH)                                    | [OK]                                    | [OR]                 | (PA)        |
| Full Name (L   |  |   |   | (,,,,                    | 1011                       | [ 7 7 ]                       | [70]                                    | [WA]                           | [WV]                                    | [WI]                                    | [WY]                 | [PR]        |
| N/A  |  |   |   |                          |                            |                               |   |                                |   |   |                      |             |
| Business or R  | lesidence A                                    | ddress (Nu                                    | nber and S                                | trect, City,             | State, Zip C               | Code)                         |   |                                |   | ····                                    |                      |             |
| N/A  |  |   |   | _                        |                            | ŕ                             |   |                                |   |   |                      |             |
| Name of Asso   | ciated Bro                                     | ker or Deale                                  | r   | <del></del> -            |                            |                               |   |                                |   |   |                      |             |
| N/A  |  |   |   |                          |                            |                               |   |                                |   |   |                      |             |
| States in White<br>(Check "/                                       | ch Person L<br>All States" (                   | isted Has S                                   | olicited or                               | Intends to S             | Solicit Purc               | hasers                        |   |                                |   |   | ***                  |             |
| [AL]   | [AK]   | (AZ)  | [AR]                                      | (CA)                     | [CO]                       | [CT]                          | [DE]                                    | [DC]                           | [FL]                                    | [GA]                                    |                      | All States  |
| [11.]  | [iN]   | [[A]]   | [KS]                                      | [KY]                     | [LA]                       | (ME)                          | [MD]                                    | [MA]                           | [1 L]<br>[MI]                           | [MN]                                    | [HI]<br>[MS]         | [D]<br>[MO] |
| [MT]   | [NE]   | [NV]  | (NH)                                      | [נאז]                    | [NM]                       | [NY]                          | [NC]                                    | [ND]                           | [OH]                                    | [OK]                                    | [OR]                 | [PA]        |
| [RI]   | [SC]   | [SD]  | [TN]                                      | [TX]                     | ເຫຖ                        | [VT]                          | [VA]                                    | [WA]                           | [WV]                                    | [WI]                                    | [WY]                 | [PR]        |

[WY]

[PR]

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

| 1. | Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \(\sigma\) and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.  |   |          |  |
|----|---|---|----------|--|
|    | Type of Security  | Aggregate<br>Offering Price             |          | Amount Aiready<br>Sold                     |
|    | Debt  | <b>S</b>                                |          | \$   |
|    | EquitySeries A Preferred Limited Liability Company Units  | . \$ <u>125,000,0</u>                   | <u> </u> | \$115,268,000                              |
|    | □ Common ☑ Preferred  |   |          |  |
|    | Convertible Securities (including warrants)   | ,                                       |          | s  |
|    | Partnership Interests   |   |          | s  |
|    | Other (Specify) Series A Preferred Limited Liability Company Units  | \$ 125,000.0                            | -<br>100 | \$115.268.000                              |
|    | Total   |   |          |  |
|    | Answer also in Appendix, Column 3, if filing under ULOE.  | 9 <u>1440000</u>                        | 20       | 3113,200,000                               |
| 2. | Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."            | Number<br>Investors                     |          | Aggregate<br>Dollar Amount<br>of Purchases |
|    | Accredited Investors  |   | 13       | \$115,268,000                              |
|    | Non-accredited Investors  | (                                       | <br>)    | SQ   |
|    |   |   |          | _  |
|    | Total (for filings under Rule 504 only)   | _=                                      | _        | S  |
|    | Answer also in Appendix, Column 4, if filing under ULOE.  |   |          |  |
| 3. | If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.   |   |          |  |
|    | Type of offering  | Type of                                 |          | Dollar Amount                              |
|    | Rule 505  | Security<br>N/A                         |          | Sold                                       |
|    | Regulation A  | <u>N/A</u>                              | -        | s N/A                                      |
|    | Rule 504  |   | -        | s_N/A                                      |
|    | T1  | <u>N/A</u>                              | -        | s <u>N/A</u>                               |
| 4. | a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | N/A                                     | -        | s N/A                                      |
|    | Transfer Agent's Fees   |   | _        | \$   |
|    | Printing and Engraving Costs  |   | -        | s  |
|    | Legal Fees  |   |          |  |
|    | Accounting Fees   |   |          | \$50,000                                   |
|    | Engineering Fees  | 1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |          | S  |
|    | Sales Commissions (specify finders' fees separately)  | ************                            |          | S  |
|    | Other Expenses (identify) Blue Sky Fees   | *************************************** |          | 5  |
|    | Total   |   |          | \$300                                      |
|    |   | ************                            | 83       | \$ 50,300                                  |

| C. OFFERING PRIC  | CE, NUMBER OF INVESTORS, EXPENSES AND USE   | OF P  | ROCEEDS  |              |                           |
|---|---|-------|--|--------------|---------------------------|
| l and total expenses furnished in respon  | gate offering price given in response to Part C - Question nse to Part C - Question 4.a. This difference is the   |       |  |              | <u>\$124,949,700</u>      |
| used for each of the purposes shown. If the estimate and check the box to the left of the | gross proceeds to the issuer used or proposed to be<br>the amount for any purpose is not known, furnish an<br>the estimate. The total of the payments listed must equal<br>that the total of the payments is the payments of the payments is the payments of the payments of the payments is the payments of the paymen |       |  |              |                           |
|   |   |       | Payments to<br>Officers,<br>Directors, &<br>Affiliates |              | Payments To<br>Others     |
| Salaries and fees   |   |       | S  | 0            | S                         |
| Purchase of real estate   |   |       | S  | 0            | \$                        |
| Purchase, rental or leasing and installa  | tion of machinery and equipment   | 0     | S  |              | s                         |
| Construction or leasing of plant buildi   | ngs and facilities  |       |  |              |                           |
| Acquisition of other businesses (inclu-<br>offering that may be used in exchange          | ding the value of securities involved in this   |       |  |              |                           |
|   |   |       | s  |              |                           |
|   |   |       | \$   |              |                           |
|   |   |       | s  |              | \$                        |
|   | nuisition price for the capital stock of  |       |  |              |                           |
|   | More, Inc. pursuant to a merger on February   |       |  |              |                           |
|   | nd for working capital  |       | s  | ×            | \$124,949,700             |
| Column Totals   |   |       | <u>s</u>   | 2            | \$124,949,700             |
| Total Payments Listed (Column totals  | added)  |       | ⊠ \$   | 24.          | 949,700                   |
|   | D. FEDERAL SIGNATURE  |       |  |              |                           |
| lollowing signature constitutes an undertal   | gned by the undersigned duly authorized person. If this noticing by the issuer to furnish to the U.S. Securities and Exchae issuer to any non-accredited investor pursuant to paragraph   | nge ( | ommission un   | e 50<br>on v | 5, the<br>vritten request |
| ssuer (Print or Type)   | Signature   | Т     | Date   | -            |                           |
| BevMo Holdings, LLC   | Dinisc M. Rowar   |       | March 12,  | 20           | 07                        |
| Name of Signer (Print or Type)  | Title of Signer (Print or Type)   |       |  |              |                           |
| Denise Rowan  | Vice President  |       |  |              |                           |

— ATTENTION ———

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

